

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS
OFFICE OF THE JUDGES OF COMPENSATION CLAIMS

PETITION FOR WORKERS' COMPENSATION BENEFITS

Employee/Claimant petitions the Office of the Judges of Compensation Claims for an order requiring Employer/Carrier to provide benefits due under Chapter 440, Florida Statutes as claimed below.

EMPLOYEE: Isaac Heres 18800 NE 29th Avenue, Apt. 524 Aventura, FL 33180 305-804-1745	OJCC CASE NO. (required if previously issued): 21-001836SMS
EMPLOYER: In Gear Fashion 440 NW 167th Street Miami Gardens, FL 33055 3058302900	CARRIER: AmTrust North America of Florida PO Box 94574 Cleveland, OH 44101
CLAIMANT'S NAME (if different from the employee):	
EMPLOYEE/CLAIMANT'S ATTORNEY (if any): Yunia DeMicco-Nadler 0109077 13450 W Sunrise Boulevard, Ste 164 Sunrise, FL 33323 5614085500	
DATE OF ACCIDENT (disabling date if occupational disease): 1/3/2021	
ACCIDENT COUNTY: Dade ACCIDENT STATE: FL	
DETAILED DESCRIPTION OF JOB RESPONSIBILITIES: PULLS MERCHANDISE, CARRY BOXES, MAKE SALES	SPECIFIC WORK BEING PERFORMED WHEN INJURY OCCURRED: PULL MERCHANDISE
DETAILED DESCRIPTION OF THE ACCIDENT: CLAIMANT WENT TO WORK AT THE WAREHOUSE AND WAS ASSISTING A CO-EMPLOYEE THROWING OUT TRASH WHEN HE JUMPED OFF THE FORKLIFT WHILE IT WAS STOPPED. THE CO-EMPLOYEE DID NOT NOTICE CLAIMANT GOT OFF THE FORKLIFT AND ACCELERATED THE FORKLIFT RUNNING OVER CLAIMANTS RIGHT LOWER EXTREMITY SHATTERING HIS BONES IN HIS RIGHT LEG, RIGHT ANKLE AND RIGHT FOOT. PART(S) OF BODY INJURED: RIGHT ANKLE, RIGHT LEG & RIGHT FOOT CHARACTER OF DISABILITY: TTD/TPD	IS THIS PETITION FOR MEDICAL BENEFITS ONLY: NO AAW 13 WEEKS PRECEDING ACCIDENT: 1600.00 CURRENT AWW: CURRENTLY WITH SAME EMPLOYER: N CURRENT WORK LEVEL: FULL DUTY/FULL WAGES HAS MMI BEEN REACHED: N IF SO, DATE OF MMI:

Jurisdiction: The Judge of Compensation Claims has jurisdiction over the parties and the subject matter of this petition.

Managed care grievance procedures, if required, were exhausted under F.S. §440.192(3). The Grievance was dated:

MONETARY (INDEMNITY) BENEFITS CLAIMED, FLORIDA STATUTES §440.15

CLASS OF BENEFIT: TEMPORARY TOTAL DISABILITY **STARTING DATE:** 1/3/2021 **ENDING DATE:** CONTINUING

DETAILS: TTD FROM JANUARY 03, 2021 TO THE PRESENT AND CONTINUING ALONG WITH PENALTIES AND INTEREST FOR ANY LATE PAYMENT OF INDEMNITY.

CLASS OF BENEFIT: TEMPORARY PARTIAL DISABILITY **STARTING DATE:** 1/3/2021 **ENDING DATE:** CONTINUING

DETAILS: . TPD FROM JANUARY 03, 2021 TO THE PRESENT AND CONTINUING ALONG WITH PENALTIES AND INTEREST FOR ANY LATE PAYMENT OF INDEMNITY.

CLASS OF BENEFIT: ADJUSTMENT OF AWW **STARTING DATE:** 1/3/2021 **ENDING DATE:** CONTINUING

DETAILS: UPWARD ADJUSTMENT OF AWW TO AT LEAST \$1,600.00 PER WEEK PLUS

ANY FRINGE BENEFITS TO INCLUDE ALL EARNINGS DURING THE

APPROPRIATE 13 WEEKS PRIOR TO THE DATE OF ACCIDENT. CLAIMANT

REQUESTS ADJUSTMENT TO PAYMENT TO CLAIMANT FOR ANY

UNDERPAYMENT OF AS A RESULT OF THE UPWARD ADJUSTMENT, PLUS

PENALTIES AND INTEREST. CLAIMANT EARNED \$15 PER HOUR 40 HOURS

PER WEEK PLUS OVERTIME AT \$22 PER HOUR. SEE ATTACHED PAY

STUBS FOR PAY PERIOD 10/14/20-01/05/21.

MEDICAL AND REHABILITATIVE BENEFITS, FLORIDA STATUTES §440.13

CLASS OF BENEFIT: Authorization of Medical Care/Testing **SPECIFIC TYPE:** Primary Care Physician

Details: AUTHORIZATION OF A PRIMARY CARE PHYSICIAN TO TREAT THE CLAIMANT'S INJURY TO RIGHT ANKLE, RIGHT LEG AND RIGHT FOOT.

CLASS OF BENEFIT: Payment for Past Medical Care **SPECIFIC TYPE:** Other

Details: ACCEPT COMPENSABILITY AND MEDICAL NECESSITY FOR TREATMENT RECEIVED AT MEMORIAL REGIONAL HOSPITAL, 3501 JOHNSON ST., HOLLYWOOD, FL 33021 ON 01/05/21. BILL HAS BEEN REQUESTED AND

WILL BE PROVIDED UPON RECEIPT. SEE ATTACHED NOTE REFLECTING SERVICES RENDERED TO RIGHT FOOT AND ANKLE ON 01/05/21.

CLASS OF BENEFIT: Payment for Past Medical Care **SPECIFIC TYPE:** Other

Details: ACCEPT COMPENSABILITY AND MEDICAL NECESSITY FOR TREATMENT RECEIVED AT JACKSON NORTH MEDICAL CENTER, 160 NW 170TH ST., N. MIAMI BEACH, FL 33169 ON 01/03/21 THROUGH 01/05/21 FOR TREATMENT TO RIGHT ANKLE AND FOOT INJURY. BILL HAS BEEN REQUESTED AND WILL BE PROVIDED UPON RECEIPT. SEE ATTACHED NOTE REFLECTING SERVICES RENDERED TO RIGHT ANKLE ON 01/03/21-01/05/21

CLASS OF BENEFIT: Payment for Past Medical Care **SPECIFIC TYPE:** Other

Details: ACCEPT COMPENSABILITY AND MEDICAL NECESSITY FOR TREATMENT RECEIVED AT AVENTURA HOSPITAL EMERGENCY DEPARTMENT ON 01/07/21 AND 01/10/21 FOR TREATMENT TO RIGHT ANKLE AND RIGHT FOOT.

BILL HAS BEEN REQUESTED AND WILL BE PROVIDED UPON RECEIPT. SEE ATTACHED NOTE REFLECTING SERVICES RENDERED TO RIGHT ANKLE ON 01/07/21 AND 01/10/21.

PENALTIES, INTEREST, COSTS, ATTORNEY'S FEES, OR OTHER CLAIMS

CLASS OF BENEFIT: COMPENSABILITY

DETAILS: COMPENSABILITY OF THE JANUARY 03, 2021 ACCIDENT.

CLASS OF BENEFIT: COMPENSABILITY

DETAILS: COMPENSABILITY OF INJURIES TO RIGHT ANKLE, RIGHT LEG AND RIGHT FOOT.

CLASS OF BENEFIT: OTHER (DESCRIBE BELOW)

DETAILS: AUTHORIZATION OF TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS. OUR OFFICE, INCLUDING MYSELF, AND THE CLAIMANT

CALLED CHRIS PROJECT AT 407-551-1712, THE NUMBER HE TEXTED TO THE CLAIMANT, AND RECEIVED NO RESPONSE. CLAIMANT HAD TO TAKE AN UBER TO HIS APPOINTMENT ON 01/20/2021 AND WE WILL BE SUBMITTING THE RECEIPT FOR REIMBURSEMENT. PLEASE ASSIGN A VENDOR AND ADVISE SO CLAIMANT CAN ATTEND HIS APPOINTMENTS.

CLASS OF BENEFIT: ATTORNEY FEES

DETAILS: ATTORNEY'S FEES AND COSTS.

CLASS OF BENEFIT: ATTORNEY FEES

DETAILS: .ATTORNEYS' FEES: BENEFIT DUE PER STATUTE INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEY FEES AND ALL COSTS PURSUANT

TO F.S. 440.30, 440.34, INCLUDING 440.34 (1) AND (2), 440.34(3), 440.32, 57.105, AND FLA. RULES OF PROFESSIONAL RESPONSIBILITY 4.1-5.

**Certificate of Good Faith Effort to Resolve Dispute,
Acknowledgement of Fraud Statement, Certificate of Service, and Social Security Number Notice**

The claimant or, if the claimant is represented by counsel, the claimant's attorney, certifies that he or she has made a good faith effort to resolve the dispute and that the claimant or attorney was unable to resolve the dispute with the employer/carrier/servicing agent.


The claimant has read and understands the following: "Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234." By signing below, the claimant attests that he or she has reviewed, understands, and acknowledges the foregoing notice. In accordance with Florida Statutes § 440.192(1), a copy of this petition for benefits has been served by certified mail on the injured worker's employer and the employer's carrier on 01/25/2021. A copy of this petition has also been served on the attorney for the employer/carrier if known.

Disclosure of the employee's Social Security Number (SSN) is voluntary. An employee or claimant who does not have or declines to provide the employee's SSN must file a verified motion for assignment of substitute identification number along with the initial Petition for Benefits or Request for Assignment of Case Number in accordance with Fla. Admin. Code 60Q-6.105(4).

The employee's SSN will be used to uniquely identify the employee in the Office of the Judges of Compensation Claims (OJCC) case management system, ascertain a claimant's child support obligations before approving any lump sum settlement, and exchange information between the OJCC and the Division of Workers' Compensation. The employee's SSN may also be used by the employer and carrier named on the Petition for Benefits or Request for Assignment of Case Number to identify the employee.

SSN's are confidential and exempt from public disclosure. It is the express policy of the OJCC to prohibit the disclosure of SSN's by the OJCC or any of its employees, except the SSN will be disclosed by the OJCC for the following reasons: (1) in response to a legitimate inquiry from a state or federal agency in connection with matters within its jurisdiction; (2) if so ordered by a court of competent jurisdiction, pursuant to the terms of such order; and (3) to a commercial entity in response to a request in accordance with §119.071(5)(a)(7), Florida Statutes.

WHEREFORE, claimant requests an order directing the employer to provide the benefits as requested.


Isaac Heres (Jan 8, 2021 16:06 EST)

Signature of Claimant

01/25/2021

Date


Junia DeMicco-Nadler 01/25/2021

Signature of Counsel for Claimant

Date

OJCC Clerk's Office PFB filing: 1180 Apalachee Parkway, Suite A, Tallahassee, Florida 32301-4574
(850) 487-1911 • www.fljcc.org